

2010

MISSISSIPPI PUBLIC DEFENDER ASSOCIATION

APPLICATION FOR MEMBERSHIP

Return to: MPDA, 301 North Lamar, Suite 210, Jackson, MS 39201

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Jurisdiction(s) you serve: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mark the membership class which applies to your Public Defender practice.

\_\_\_\_\_ I. **SALARIED MEMBERSHIP** (MPDA Dues are \$50.00)

Full or part time Public Defender **paid by salary** to represent indigent people charged with criminal offenses.

\_\_\_\_\_ II. **APPOINTED MEMBERSHIP** (MPDA Dues are \$25.00)

Regularly appointed by a court, on a case by case basis, to represent indigent criminal Defendants **and not a prosecutor**.

\_\_\_\_\_ III. **ASSOCIATE MEMBERSHIP** (MPDA Dues are \$25.00)

Paralegal staff member of a Public Defender's office. This category includes investigators, law clerks, interns, secretaries, administrators, etc.

My job description is: \_\_\_\_\_

• I understand that an Appointed or Associate membership entitles me to attend MPDA seminars/conferences but I must provide my own lodging, meals and mileage. I also understand that the Office of Indigent Appeals, Division of Public Defender Training may charge tuition for the seminars/conferences. As an Associate, I understand that I cannot vote on MPDA business or hold office in the organization.

Please provide names of other Public Defenders in your area:

\_\_\_\_\_  
\_\_\_\_\_

Please circle the primary area(s) of your public defense practice:

Circuit Court

Death Penalty

Appeals/Post-Conviction

Youth Court

Drug Court

Misdemeanor

I certify that the above information is true and accurate to the best of my knowledge and that I understand the conditions of membership in the MPDA.

Signed: \_\_\_\_\_ Date \_\_\_\_\_